RECEIVED CENTRAL FAX CENTER

OCT 1 9 2007

Martin Weeks 1750 P Street, N.W., Suite 301 Washington, DC 20036 Telephone (405) 229-4419

October 19, 2007

Commissioner for Patents PO BOX 1450 Alexandria, VA 22313-1450

SENT BY FAX TO: (571) 273-8300

Dear Sir or Madam:

I am sending several Change of Correspondence Address forms (SB 122 and SB 123) to you to associate my Customer Number with the files listed in the forms. These files include:

Pending Patent Applications

App. No.	Filing Date	First Named Inv.	Abbrev. Title					
10/763,830	1/22/2004	Flaniken	Garment Garment Spill Prevent. Sys. Safety Valve Medical Rec. Website Handle Body Foot Assembly Handle Assembly					
11/482,383	Abt. 7/05/2006	Flaniken						
11/266,457	11/03/2005	Eichler						
60/707,908	08/12/2005	Eichler						
11/434,293	05/15/2005	Lurtz						
11/707,814	02/13/2007	Baker						
11/707,297	02/13/2007	Baker						
11/707,815	02/13/2007	Baker						
11/781,084	07/20/2007	Baker	Shoulder Support					
11/766,630	06/21/2007	Hey	Massage Wands					
Issued Patents:								
Pat. No.	Issue Date	First Named Inv.	Abbrev. Title					
6,988,462	01/24/2006	Zhu	Memory Assist Device					
	08/21/2007	Eichler	Safety Valve					

If you have any questions, please give me a call at the number listed above.

Sincerely,

Martin A. Weeks USPTO Reg. No. 37,753

RECEIVED CENTRAL FAX CENTER

OCT 1 9 2007

No. 0208

PTO/SB/123 (01-08) Approved for use through 12/31/2009. OMB 0861-0035
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

CHANGE OF	Patent Number	7,258,131	,
CORRESPONDENCE ADDRESS	Issue Date	August 21, 2007	
Patent	Application Number	11/220,080	
Address to:	Filing Date	September 6, 2007	
Mail Stop Post Issue Commissioner for Patents P.O. Box 1450	First Named Inventor	Ponald Gary Eichler	
Alexandria, VA 22313-1450	Attorney Docket Number	EIC- P2007-002	_

· · · · · · · · · · · · · · · · · · ·		- ·						
Please change the Correspondence Address for the above-identified patent to:								
The address associated with Customer Number:	~~ ~	~~						
OR	37,7.	5.3						
OK								
Firm or Individual Name								
Address 1750 P Street, N.W., Syste 301								
city Washington	State	DC	ZIP	20036				
Country US								
Telephone (405) 225 ~ 4419	Emall	Martinweek:	0	lawyer-com				
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).								
This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).								
(am the:								
Patentee.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
Altorney or agent of record. Registration Number 37,753.								
Signature Martin a Weeks								
Typed or								
Printed Name Martin A. Weeks								
Date 10/19/2007				29-4419				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more then one signature is required, see below.								
*Total offorms are submitted.								

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is eatimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Post Issue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.